FORM NO. 1.

(1) PIACE OF BIRTH CERTIFICA	
County of Sauren STATE OF S Bureau of	OUTH CAROLINA. Vital Statistics File No.—For State Registrar Only
Township of State Bo	ard of Health
Inc. Town of Registration District No. 2.711. Registered No. 5.711. Registered No. (For use of Local Reistrar)	
(If birth occurs in a hospital or other institution, give same of same instead of street and number.) (IN o	
(2) Full Name of Child All Knull Tyles If child is not yet named, make supplemental report as directed	
(3) BOY OR (4) Twin or Triplet? (5) Number in order of birth order of birth order of birth (Name of Month) (Day) (Vers)	
(8) FULL NOT KNOWN	MOTHER. (14) NAME BEFORE BITTS Priles
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE Cross Hell & C
(10) COLOR OR OR OR (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE RACE (17) AGE AT LAST BIRTHDAY OF THE COLOR OF THE
(12) BIRTHPLACE	(18) BIRTHPLACE (Years)
(13) OCCUPATION	(19) OCCUPATION Harm hand
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
on the date above stated. (22) I hereby certify that I attended the birth of this child, who was Child, at (Bornyalive or stillborn) (Hour A. M. or P. M.)	
(23) (Signature) CUVA LIGHTHU (24) State whether Physician of Midwife (25) Address of Physician or Midwife	
Given name added from a supplemen-	
(26) Witness	
Registrar (27) Filed Jam 30.1915. (28) M. J. Wint Lacal Registrar.	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. It a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.	